



ARB REQUEST

Name:

Address:

Email: _____ LOT: _____

Phone: _____ Cell: _____

Approval is required on all items that are visible from the exterior of the home, weather previously completed or not. The Architectural Review Board (ARB) will review your request and return a copy to you with comments and decision.

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as Described below and depicted in the required attachments. Please provide details to include nature, kind, color, shape, size, material, location and other pertinent details. Location is to be shown on survey.

Date of request: _____ Signature of Owner _____

Review committee Signature: _____ Approved ___ Not approved _____

Approval of any Modification or Alteration does not waive the necessity of obtaining the required Federal, State or Village of Wellington approval(s) or permits